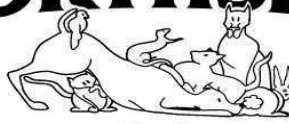


NORTHSIDE



PET HOSPITAL

1727 Western Avenue
Eau Claire, WI 54703

(715) 835-0761 Phone
(715) 835-3601 Fax

Adoption Application

Each application will be reviewed carefully by our adoption coordinator. Completion of the application does not guarantee an adoption from Northside Pet Hospital. We reserve the right to deny any application at our discretion.

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Do you own or rent? _____ How long have you been at this address? _____

Landlord's name and phone number (if renting): _____

Number of adults in the household: _____ Number of children in household: _____

Please list any pets living in the household (including roommates):

Name	Species	Breed	Age	Spayed/Neutered

Are the above pet(s) current on their vaccinations? _____

What is the name of your current veterinary clinic? _____

Where will this pet be kept when no one is home? _____

What are some reasons that would make you consider giving up your pet? _____

How do you plan on disciplining this pet? _____

How did you learn about our adoption program? _____

By signing this document, I hereby agree to all of the following terms:

- I agree to spay or neuter said animal (if needed) when they reach six months of age
- I agree to supply the spay/neuter/vaccination agreement to Northside Pet Hospital as proof of following through with this agreement (if applicable)
- I agree to annually vaccinate said animal against Rabies and Distemper
- I agree that this animal is for myself and will not be sold, adopted, or given to another party
- I agree that in the event that I am unable to keep or care for this animal in any way, I am to return this animal to Northside Pet Hospital
- I understand if I am in non-compliance of this agreement, said animal may be taken back into the custody of Northside Pet Hospital at their discretion
- I understand and agree to give this pet adequate time to adjust to my household
- I understand and agree to pay the non-refundable adoption fee of \$ _____

Signature of Applicant _____ Date _____

Signature of Employee _____ Date _____

Approved

Denied